

READER'S DIGEST

# Family Health Guide and Medical Encyclopedia

Prepared in association with  
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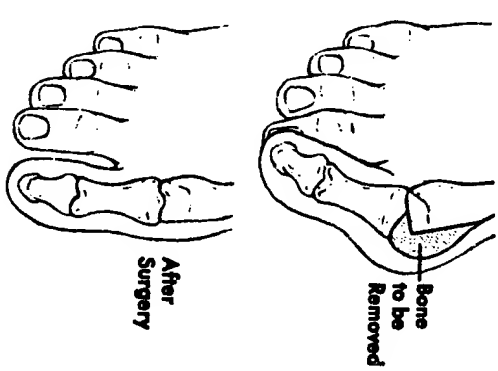
plague, the lungs are affected.

Bubonic plague has also been called *black death*, because of the spots that develop from bleeding under the skin. Severe epidemics raged through Europe and Asia in the fourteenth century; outbreaks have occurred in recent times in Asia and Africa. Isolated cases turn up even now in all countries, since the disease is still harbored by rodents around the world. Public health agencies keep on the alert for epidemics among rodents and maintain programs of flea and rat control. A vaccine has been developed, but it gives only short-term immunity and requires yearly booster shots. When any human case is suspected and proved, bubonic plague is kept from spreading by strict quarantine and treatment with streptomycin and sulphonamides, both of the victim and of everyone known to have been in contact with him.

**BUFFERIN** The trade name of a kind of aspirin tablet containing in addition to the aspirin a material that is intended to neutralize the weakly acid reaction of aspirin in the stomach.

**BULBAR POLOU** See POLYOMYELITIS.

**BUNION** A painful deformity of the big toe, caused by shoes that bend this toe inward toward the smaller toes, putting pressure upon the joint connecting the big toe with the foot. First the bursa (the lubricating pouch of the joint) becomes inflamed and tender. With continued irritation a bony deposit develops, and a corn or callus at the pressure point often

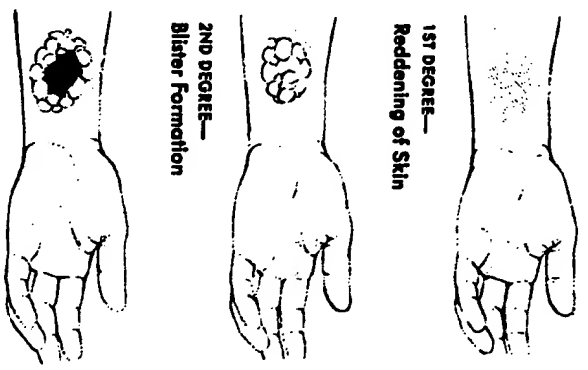


adds to the pain. Bunions can be avoided or corrected at an early stage by wearing properly fitting shoes. Minor pain may be relieved by heat, and foot-strengthening exercises may help. In severe cases, specially fitted shoes or surgery may be necessary; a doctor or podiatrist should be consulted. See also FOOT.

**BURN** Injury to the skin by heat, chemicals, electricity, or radiation. There are three types of burn. A *first-degree* burn is one in which the skin turns red, but there are no blisters. Only the epidermis, the outermost part of the skin, is injured. A *second-degree* burn goes somewhat deeper. There is blistering, and the skin turns very red. A *third-degree* burn penetrates the skin completely and destroys both epidermis and dermis (the part of the skin beneath the epidermis). Because nerve endings in the skin are destroyed, a third-

second-degree burn. Any burn suspected of being severe should be seen at once by a doctor. If you cannot obtain medical help immediately, turn to **FIRST AID**, pages 421-423.

In practice, it is not possible to determine right away how deep a burn has penetrated. Any burn involves one tenth or more of the body's surface may be regarded as potentially serious and may require emergency attention. Skin is the first danger in any major burn, especially if a large area of skin is involved. The second danger is infection, which the doctor



**BURNS**